Date _____

PROJECT MONITORING FORM 1
Ridesharing; Shuttle/Feeder Bus; Transit Information; Rail-Bus Integration; Smart Growth Projects

TFCA Project # _____ Project Sponsor:_____

Project Title:_____

Contact:_____ Phone:_____ E-mail:_____

TFCA $ Expended: $_____ Total Project Cost: $_____

Project Start Date:_____ Completion Date: _____

1. **Project Description:** Briefly describe the project's target population and the services provided.

2. **Monitoring Methodology:** Describe source of data provided below, and explain any assumptions made to generate data. If a survey was performed, provide a copy of survey form and summary data.

3. **Project Data:** Complete the section below that is most appropriate for your specific project type. Note: Round trips should be counted as two one-way trips for all project types.

A. Carpool Formation Projects: (also transit information projects)

Project Component	# Trips Reduced Per Day (One Way)	# Days Per Year	Avg. One Way Trip Distance

B. Transit or Rideshare Incentive Projects:

Project Component	Total # Recipients	Total $ Value of Incentives Provided	# Trips Reduced Per Day (One Way)	# Days Per Year	Avg. One Way Trip Distance

C. Shuttle / Vanpool Projects: Please describe fuel type and vehicle model for each vehicle used to provide the shuttle or vanpool service:

# Shuttle/ Vanpool Trips per Day	Avg. Shuttle/ VP Trip Distance (One-Way)	# Passengers per Day (One-Way)	Avg. Home to Work Trip Distance (One-Way)

4. **Other Requirements:** Check Parts J and L of the Project Information Sheet. Please respond to or attach information for any additional requirements here

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Date _____

PROJECT MONITORING FORM 2
Clean Air Vehicle Projects

Use this form for clean air vehicle projects, including infrastructure. Attach additional sheets as needed.

TFCA Project # _____ Project Sponsor: _____

Project Title: _____

Contact: _____ Phone: _____ E-mail: _____

TFCA $ Expended: $_____ Total Project Cost: $_____

Project Start Date: _____ Completion Date: _____

Total # of Vehicles Acquired: _____

1. Clean Air Vehicles Acquired:

Provide documentation of purchase and the following information for each clean air vehicle acquired:

Manufacturer / Model	GVW	Fuel Type	Vehicle ID Number (VIN)	Month/Year Placed in Service

Old Vehicles Scrapped: For projects requiring vehicle retirement (prior to FY 99/00, or FY 02/03 and later), provide the following information regarding disposition of vehicles that were replaced.

Manufacturer	Model	Year	Engine Type/Fuel	Vehicle ID Number (VIN)	Method of Disposition	Resale Price (if applicable)

If vehicles were scrapped, provide documentation (e.g., DMV Notice to Dismantler form) that the VIN has been retired (engine block and frame/chassis destroyed). If vehicles were sold, submit vehicle sale/TFCA reimbursement form. Make check payable to Bay Area Air Quality Management District and specify "Account 49" on the check. If vehicles were retrofitted instead (allowable in FY 03/04), complete Form 4.

2. Alternative Fuel Infrastructure: For refueling/recharging infrastructure projects, please describe the infrastructure installed, including the location and capacity. Also describe public access policy, public access hours, and any specific limitations on public use of the infrastructure.

3. Other Requirements: Check Parts J and L of the Project Information Sheet. Please respond to or attach information for any additional requirements here.

Date _____

PROJECT MONITORING FORM 3
Bicycle Projects

TFCA Project # _____ Project Sponsor: _____

Project Title: _____

Contact: _____ Phone: _____ E-mail: _____

TFCA $ Expended: $_____ Total Project Cost: $_____

Project Start Date: _____ Completion Date: _____

Complete the section that applies to the type of bicycle project implemented. Use additional sheets as needed.

1. **On-Road Bicycle Improvements:** Provide the following information for each segment of project. Class 1 = off-street bicycle path. Class 2 = on-street bike lane. Class 3 = on-street bike route (no bike lane).

Segment Name	Class 1, 2, or 3	Segment Length

2. **Bicycle Lockers and Racks:**

	# Units Installed	Total Bike Capacity	Cost per Unit	Manufacturer	Avg. # Users per Day (If available)
Lockers					
Racks					

Provide a list of location(s) where lockers/racks were installed.

3. **Bicycle Racks on Buses:**

# Racks Installed	# Bikes per Rack	Cost per Unit	Manufacturer

4. **Police Bicycle Projects:** Provide information on bicycle usage (e.g., number of hours of use or number of miles ridden per day or per year), if available.

Type of Bike	# Bikes Purchased	Cost per Bike

5. **Other Requirements:** Check Parts J and L of the Project Information Sheet. Please respond to or attach information for any additional requirements here.

Date _____

PROJECT MONITORING FORM 4
Arterial Management Projects

TFCA Project # _____ Project Sponsor:_____

Project Title:_____

Contact:_____ Phone:_____ E-mail:_____

TFCA $ Expended: $_____ Total Project Cost: $_____

Project Start Date:_____ Completion Date: _____

Complete the section that applies to the type of project implemented. Use additional sheets as needed.

1. **Arterial Signal Timing Projects:** Use a separate reporting form for each road segment affected by the project. Provide information for both directions of traffic (e.g., N & S) using a separate line for each direction. Measure vehicle speed and traffic volume concurrently. The before project data shall be gathered within 3 months prior to construction and reported on Lines 1 and 2. The post-project data shall be gathered within 3 months after project completion and reported on Lines 3 and 4. **Note: The 2-year post project data (23 to 25 months after the construction of the project) is only required for projects that received four years of effectiveness at the time of project approval.** Provide a list of (or attach a map showing) locations of re-timed traffic signals.

Arterial/Segment:_____

Length (nearest 0.1 mi.)_____

	Data Collection	Time Period	Direction of Traffic	Days/Year Effective	Traffic Volume in Period	Average Vehicle Speed for Period
1.	Pre-Project					
2.	Pre-Project					
3.	Post-Project					
4.	Post-Project					
5.	2-yrs Post-Project					
6.	2-yrs Post-Project					

2. **Transit Bus Traffic Signal Prioritization Projects:** Provide the following information, using a separate column for each bus route that benefited from the project. The sponsor is encouraged to provide any additional information that helps document the impact of the project on bus ridership.

Route number (Use a separate column for each route)	Rte ____	Rte ____	Rte ____
Distance of bus route (one way)			
Days per year of service			
# Runs per day (one-way) with and \ without project	\	\	\
Average bus speed with and \ without project	\	\	\
Average passengers per run with and \ without project	\	\	\

Provide list (or attach map) showing locations of traffic signals where transit signal prioritization systems were installed. Indicate where other improvements were made to the arterial to improve transit speeds (e.g., bus bulbs, queue lanes).

3. **Other Requirements:** Check Parts J and L of the Project Information Sheet. Please respond to or attach information for any additional requirements here.